

# CASELOAD MOVEMENT AND ACTIVITY REPORT

## (County Medical Services Program only)

Mail one copy to:

California Department of Health Services  
Office of County Health Services  
1800 Third Street, Room 100  
P.O. Box 942732  
Sacramento, CA 94234-7320  
Fax number: (916) 323-3350

County	Report month
	, 20

### INTAKE AND REDETERMINATION ACTIVITY

1. Pending applications on hand at beginning of month	1.	
2. New applications, reapplications, and restorations	2.	
3. Total applications disposed of during month (3a + 3b + 3c)	3.	
a. Approvals	3a.	
b. Denials	3b.	
c. Withdrawals/other	3c.	
4. Pending applications carried forward to next month (1 + 2 – 3)	4.	
5. Retroactive CMSP applications disposed of during month (5a + 5b + 5c)	5.	
a. Approvals	5a.	
b. Denials	5b.	
c. Withdrawals/other	5c.	
6. Annual redetermination of eligibility	6.	
7. Total intake and redetermination activity (3 + 5 + 6)	7.	

### CONTINUING ACTIVITY

8. Continuing cases on hand at beginning of month	8.	
9. Cases added during month (9a + 9b)	9.	
a. Cases added from intake (3a)	9a.	
b. Other approvals	9b.	
10. Total continuing cases processed during month (8 + 9)	10.	
11. Cases discontinued during month	11.	
12. Continuing cases carried forward to next month (10 – 11)	12.	

County person to contact regarding this report	Telephone number	Date prepared

\* This data will be used to compute total workload units, which are used as the basis for your CMSP eligibility allocation.